## **FINANCIAL STATUS REPORT**

(Short Form) (Follow instructions on the back)

Federal Agency and Organizational Element to Which Report is Submitted			Federal Grant or Other Identifying Number Assigned By Federal Agency				OMB Approval No. <b>0348-0038</b>		Page	of pages		
3. Recipient Organization (Name and complete address, including ZIP code)												
4. Employer Ider	entification Number 5. Recipien			nt Account Number or Identifying Number 6			6. Final Repo			′. Basis ☐ Cash ☐ Accrual		
8. Funding/Gran From: (Month	Period (See Instructions) Day, Year)  To: (Month, Day, `			ear)	9. Period Covered by this Report From: (Month, Day, Year)			To: (Month, Day, Year)				
10. Transactions	:					I Previously Reported		II This Period		III Cumu		
a. Total outlays												
b. Recipient share of outlays												
c. Federal share of outlays												
d. Total unliquidated obligations												
e. Recipient share of unliquidated obligations												
f. Federal share of unliquidated obligations												
g. Total Federal share (Sum of lines c and f)												
h. Total Federal funds authorized for this funding period												
i. Unobligate	ed balance of Federa	I funds <i>(Line h minu</i> s	s line g)									
11. Indirect	a. Type of Rate (PI	te box)	te box)			☐ Final		Fixed				
Expense	b. Rate c. B		Base	ase		d. Total Amount		e. Federal Share				
12. Remarks: A	 ttach any explanatior	ns deemed necessar	ry or info	ermation require	ed by F	∣ <del>e</del> deral sponsorii	ng agency in c	ompliance w	ith gov	verning le	∍gislation.	
13. Certification:		est of my knowledg igations are for the						that all out	lays a	nd		
Typed or Printed Name and Title								Telephone (Area code, number and extension)				
Signature of Authorized Certifying Official							Date Repor	Date Report Submitted				